

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550077

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
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35		2				
36		2				
37		2				
38	1		1			
39	1		1			
40	1		1			
41	1	1	1	1		
42	1	1	1	1		
43	1		1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						